

Name  
in  
Full

## CERTIFICATE OF DEATH

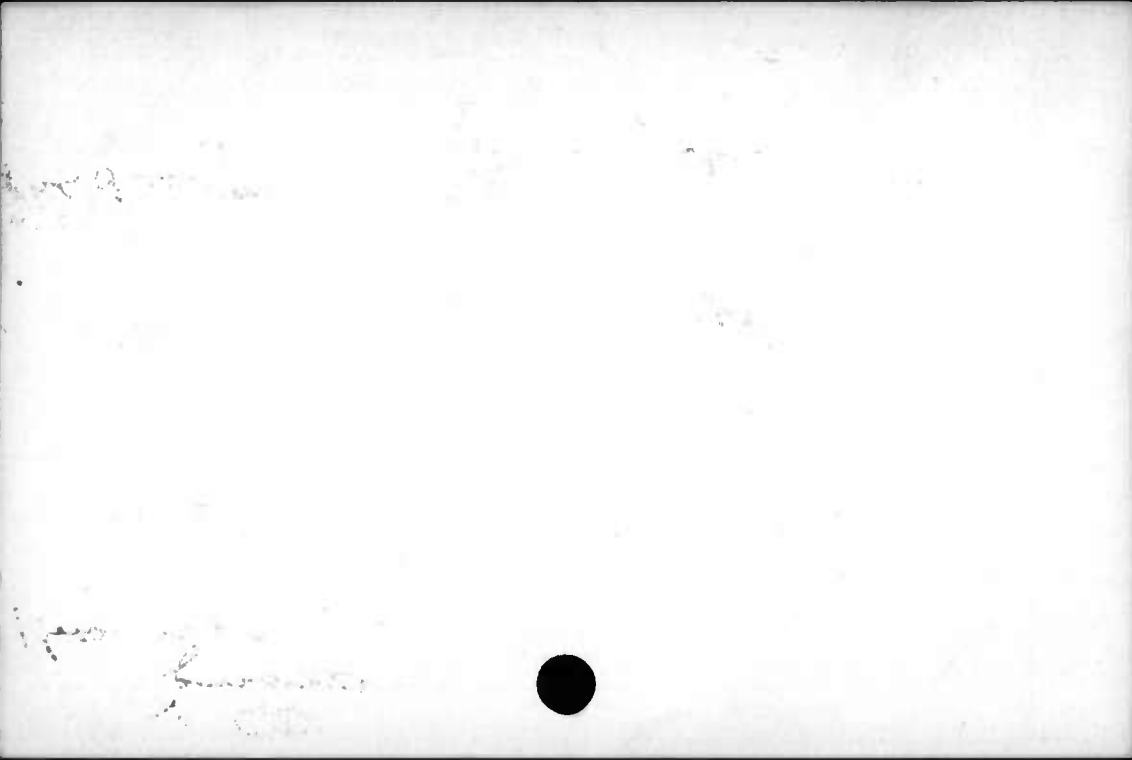
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Roy Adams</b>		Town <b>Cullen</b>		County <b>Lyons</b>		STATE <b>MARYLAND</b>	
Died at		Date of death 190 <b>8</b>		Age <b>17 5/8</b>		Months <b>17</b> Days	
Sex <b>boy</b>		Color or Race <b>white</b>		Birth-place <b>md</b>			
Married, Single <del>or Widowed</del>		Occupation					
Name of Wife or Husband							
Father's Name <b>Josiah Adams</b>				Father's Birthplace <b>md</b>			
Mother's Maiden Name <b>Baths Phillips</b>				Mother's Birthplace <b>md</b>			
Name of person giving Information <b>aw</b>				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Diphtheria</b>		How long <b>7 days</b>	
Immediate <b>Membranous Cough</b>		How long	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>M. C. Humphreys</b>	
		Address <b>Cullen</b>	
Accident or Suicide?			



Name  
in  
Full

X David W Deaves

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Danvers</u>		Town		<u>Garnett</u>		County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>May</u>	Day <u>2</u>	Age <u>30</u>	Years	Months	Days			
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Pa</u>						
Married, Single or Widowed <u>Married</u>		Occupation <u>Hotel Mgr</u>							
Name of Wife or Husband <u>Annie Deaves</u>									
Father's Name <u>—</u>		Father's Birthplace <u>—</u>							
Mother's Maiden Name <u>Gale</u>		Mother's Birthplace <u>—</u>							
Name of person giving information <u>James Deak</u>		How related to deceased <u>—</u>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Consumption</u>	How long <u>6 months</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name  
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Full

Lillie B Bowler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Freindsville* <sup>County</sup> *Garrett* **MARYLAND**

Date of death 190*3* Month *may* Day *30* Age *28* Years Months *—* Days *—*

Sex *Female* Color or Race *white* Birth-place *Pa*

Married, Single or Widowed *married* Occupation *House wife*

Name of Wife or Husband *James Bowler*

Father's Name *Charles Conner* Father's Birthplace *—*

Mother's Maiden Name *Harriet Conner* Mother's Birthplace *—*

Name of person giving information *James Bowler* How related to deceased *Husband*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Consumption* How long *6 mo*

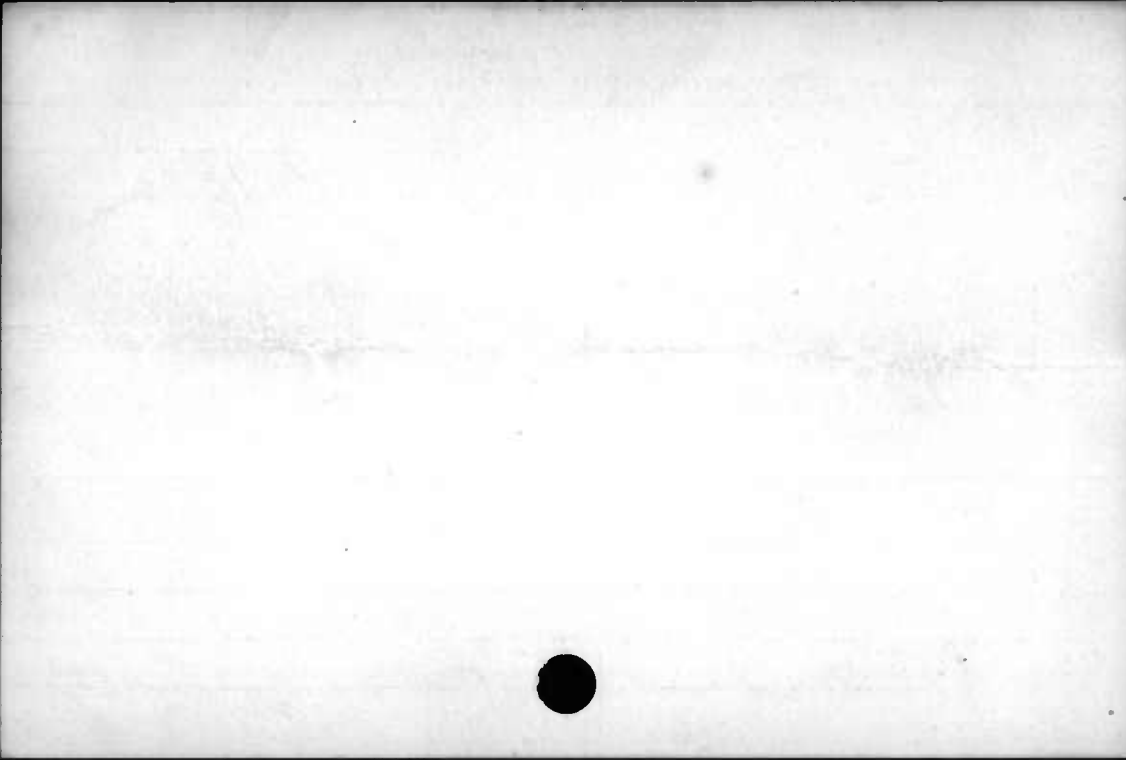
Immediate *of lungs* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A. J. Mason M.D.*

Address *Freindsville, Mo.*

Accident or Suicide? *—*



Name in Full

Certificate of Death

Thos F Dwyer

Town

County

MARYLAND

Died at

Friedensville

Garrett

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

5

6

Age 60

Va

Foreman

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband  
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Acute Alcoholism

How long sick

2 wks

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

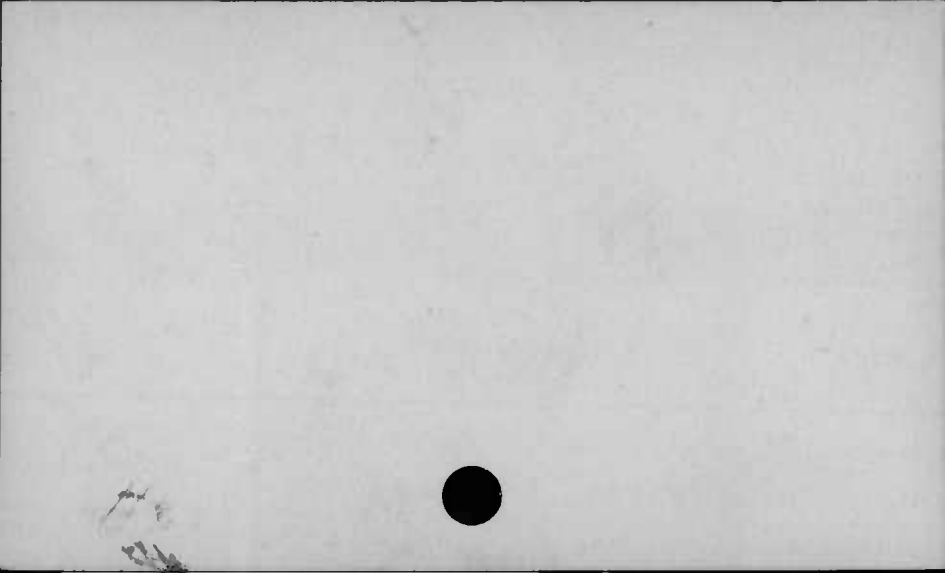
Reported by

A. Mason M.D.

Address

Friedensville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

Died at

Date 1903

Husband  
of  
WifeFather's  
Name

Cause of

Death

Reported by

Address

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Female

White

~~Colored~~~~Married~~~~Single~~

Widow

~~Widower~~~~Divorced~~

Number of children living

Mother's

Maiden Name

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899



Name  
in  
Full

Mrs Eliza + Lida

## CERTIFICATE OF DEATH

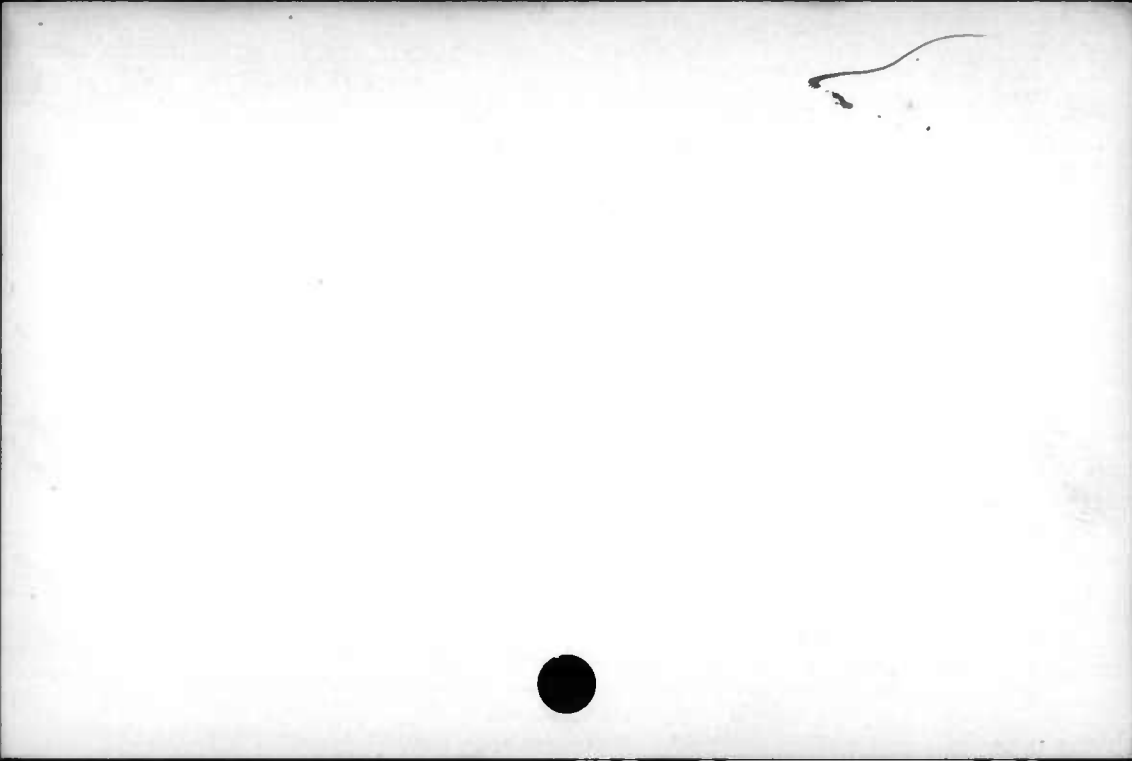
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Heargraston</i>		Town		<i>Gernett</i>		County		MARYLAND	
Date of death 190 <i>3</i>		Month <i>May</i>		Day <i>2</i>		Age <i>85</i>		Years Months Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>-</i>					
Married, Single or Widowed <i>-</i>				Occupation <i>Housewife</i>					
Name of Wife or Husband <i>Frederic Lida</i>									
Father's Name <i>-</i>				Father's Birthplace <i>-</i>					
Mother's Maiden Name <i>-</i>				Mother's Birthplace <i>-</i>					
Name of person giving information <i>L. C. Hilery</i>				How related to deceased <i>-</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>old age</i>		How long <i>-</i>	
Immediate <i>-</i>		How long <i>-</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. [Signature]</i>	
		Address <i>[Redacted]</i>	
Accident or Suicide?			



Name  
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Eugene R Rhodes

## CERTIFICATE OF DEATH

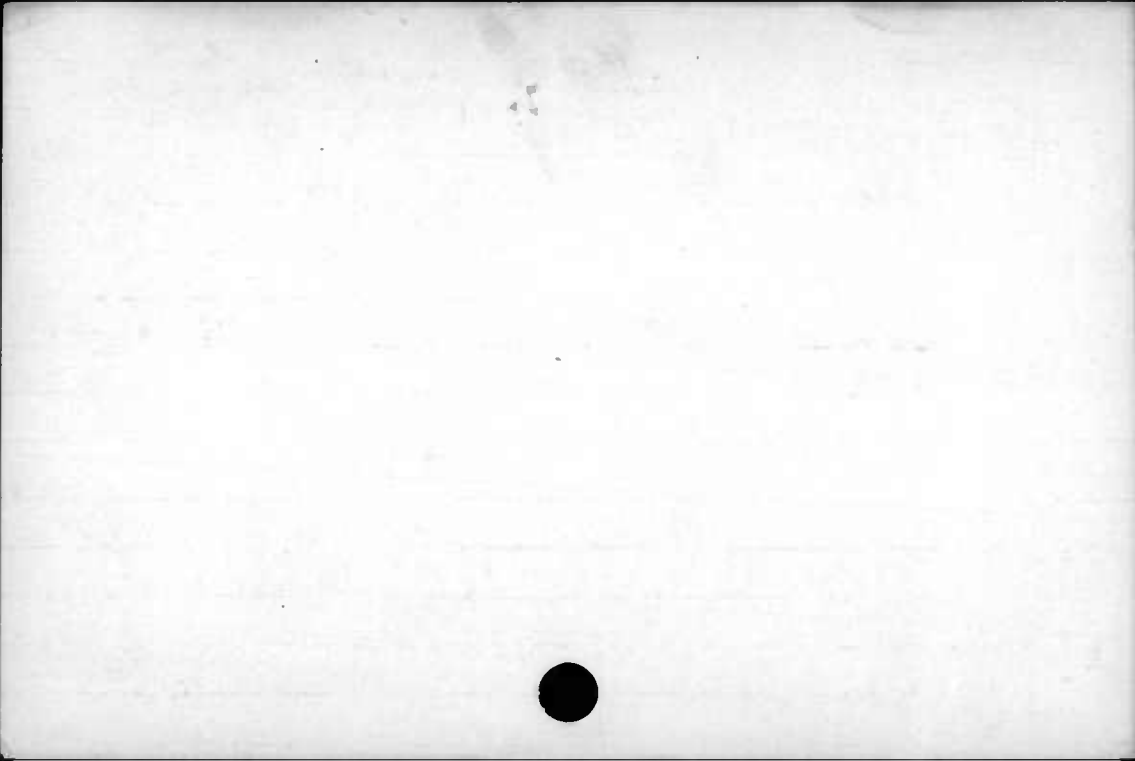
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Swanton</u> <sup>Town</sup>		<u>Garrick</u> <sup>County</sup>		MARYLAND	
Date of death 190	<u>3</u> <sup>Month</sup>	<u>May</u> <sup>Day</sup>	Age <u>7</u> <sup>Years</sup>	<u>11</u> <sup>Months</sup>	<u>14</u> <sup>Days</sup>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Swanton md</u>		
Married, Single or Widowed <u>single</u>			Occupation <u>youth</u>		
Name of Wife or Husband <u>Ida Rhodes</u>					
Father's Name <u>Joseph Rhodes</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Ida Wilson</u>			Mother's Birthplace <u>"</u>		
Name of person giving information <u>Parents</u>			How related to deceased <u>Parents</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Diphtheria</u>	How long <u>2 days</u>
Immediate <u>Heart failure</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>G. Hagenbach, M.D.</u>
	Address <u>Swanton Md.</u>
Accident or Suicide? <u>No</u>	



Name  
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Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Effie Shrock</b>				Town <b>Ga</b>		County <b>Ga</b>		State <b>MARYLAND</b>	
Died <b>near Bittering</b>				Age <b>3</b>		Months <b>9</b>		Days	
Date of death <b>1903</b>		Month <b>May</b>		Day <b>24</b>		Years		Months	
Sex <b>Female</b>		Color or Race <b>white</b>		Birth-place <b>Bittering</b>		Occupation		Married, Single or Widowed	
Name of Wife or Husband									
Father's Name <b>Jonas Shrock</b>					Father's Birthplace <b>Bittering</b>				
Mother's Maiden Name <b>Catherine Kump</b>					Mother's Birthplace <b>"</b>				
Name of person giving information <b>Noah Brunner</b>					How related to deceased <b>none</b>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>diphtheria</b>		How long <b>6 days</b>	
Immediate <b>nephritis</b>		How long <b>4 weeks</b>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>R. A. Rausch</b>	
<b>Yes</b>		Address <b>Accident</b>	
Accident or Suicide?		<b>md</b>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Deerpore</u> <sup>Town</sup>		<u>Lyons</u> <sup>County</sup>		MARYLAND	
Date of death 19 <u>33</u>	Month <u>May</u>	Day <u>29</u>	Age <u>33</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Beardons Md</u>			
Married, Single or Widowed <u>married</u>		Occupation <u>wife</u>			
Name of Wife or Husband <u>Mary Ellen Speck</u>					
Father's Name <u>Samuel Speck</u>		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased <u>100</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Chronic liver nephritis</u>	How long <u>5 yrs</u>
Immediate <u>Suppurating abscess</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>M. C. Hinebaugh</u>
	Address <u>Beardons Md</u>
Accident or Suicide?	

